

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LAMBERT FOR CONGRESS

ADDRESS (number and street)  
▼

P.O. BOX 964

Check if different  
than previously  
reported. (ACC)

NASHUA

NH

03061

2. FEC IDENTIFICATION NUMBER ▼

C

C00548917

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer

BRADLEY T CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
12 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LAMBERT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	103044.84	424198.71
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	103044.84	424198.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	56934.38	118296.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	22.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	56934.38	118273.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	305924.80	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**LAMBERT FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

86030.50

376350.37

**(ii) Unitemized .....**

12014.34

41348.34

**(iii) TOTAL of contributions from individuals .....**

98044.84

417698.71

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs) .....**

5000.00

6500.00

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

103044.84

424198.71

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

22.50

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....**

103044.84

424221.21

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 70

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56934.38	118296.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	56934.38	118296.41

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	259814.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103044.84
25. SUBTOTAL (add Line 23 and Line 24).....	362859.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56934.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305924.80

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 70

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DICK ANAGNOST**

Mailing Address 1662 ELM STREET

City State Zip Code  
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANAGNOST INVESTMENT GROUP PRESIDENT

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.6420

Amount of Each Receipt this Period

1000.00

ANAGNOST INVESTMENT GROUP

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**ANAGNOST INVESTMENT GROUP**

Mailing Address 1662 ELM STREET

City State Zip Code  
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PERMISSIBLE FUNDS: SEE MEMO

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.6418

Amount of Each Receipt this Period

1000.00

PERMISSIBLE FUNDS: SEE MEMO

**C.** Full Name (Last, First, Middle Initial)  
**VINCENT AQUINO**

Mailing Address 7 HAZEL AVE

City State Zip Code  
NASHUA NH 03062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NETAPP SALES MANAGER

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 09 2014

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 70

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. JEROME ARCARO****A.**

Mailing Address 1375 BIRCH CREST CT

City

LAKE MARY

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5934**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**A J ATKINSON****B.**

Mailing Address 36 CAMPBELLO ST

City

HUDSON

State

NH

Zip Code

03051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5919**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**DAN BANTHAM****C.**

Mailing Address 289 DW HIGHWAY

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE FARM INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

**Transaction ID : SA11AI.5517**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

DAN BANTHAM

Mailing Address 289 DW HIGHWAY

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE FARM INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6034

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

CHICK BEAULIEU

Mailing Address 5 1/2 GAFFNEY STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5582

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

CHICK BEAULIEU

Mailing Address 5 1/2 GAFFNEY STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5626

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH A BELLAVANCE

A.

Mailing Address 61 BERKELEY STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BELLAVANCE BEVERAGE CO

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

TRACY BENNETT

B.

Mailing Address 2 MONADNOCK STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ZOE MARKETING, LLC

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5892

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

ROBERT BLAISDELL

C.

Mailing Address 32 WEBSTER STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARZEN GROUP LLC

Occupation

BUSINESS OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROBERT BOISVERT

Mailing Address 14 SANDPIPER LANE

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. C EDWARD BROOM

Mailing Address 11 ROYAL PALM PT

City

VERO BEACH

State

FL

Zip Code

32960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SA11AI.5468

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

EDWARD P CALLAHAN

Mailing Address 8 GILBOA LANE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKY MEADOW COUNTRY CLUB

Occupation

MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6005

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SALVATORE CALVINO**

Mailing Address 29011 AMARONE CT

City  
NAPLES

State  
FL

Zip Code  
34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOREAS HOLDINGS, INC

Occupation  
PRESIDENT/CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 23 2014

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**COLIN CAMPBELL**

Mailing Address 53 LYME RD

City  
HANOVER

State  
NH

Zip Code  
03755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**NORM CARLSON**

Mailing Address 6 WARNER RD

City  
WARNER

State  
NH

Zip Code  
03278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MADGETECH

Occupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL CARNEY

A.

Mailing Address 11 THEODORE AVE

City

SALEM

State

NH

Zip Code

03079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DARLING CONSULTING GROUP

Occupation

PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

PETER M CHALONER

B.

Mailing Address 307 AMHERST ST  
UNIT 3

City

NASHUA

State

NH

Zip Code

03063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITYSIDE MANAGEMENT CORPORATION

Occupation

CONTROLLER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

WILLIAM CLARK

C.

Mailing Address 51 FRANKLIN STREET

City

MILFORD

State

NH

Zip Code

03055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TURNSTONE CORPORATION

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1375.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. THOMAS P COLANTUONO

Mailing Address 18 CENTRE STREET

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIANCO P.A.

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DAVID CONNAUGHTON

Mailing Address 90 ST. BOTOLPH ST  
#10

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAMBERT &amp; ASSOCIATES

Occupation

PATENT ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5850

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ROD CONRAD

Mailing Address 74 NORTHEASTERN BLVD 22A

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONARD ASSOCIATES INC.

Occupation

EXECUTIVE COACH

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARK B CONSTANTIAN**

Mailing Address **19 TYLER STREET**

City **NASHUA** State **NH** Zip Code **03060**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt

**06** / **30** / **2014**

Transaction ID : **SA11AI.5953**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE H COOK**

Mailing Address **607 SWEETWATER WAY**

City **HAINES CITY** State **FL** Zip Code **33844**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06** / **30** / **2014**

Transaction ID : **SA11AI.5907**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE COOK**

Mailing Address **PO BOX 154**

City **HAVERHILL** State **NH** Zip Code **03765**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06** / **30** / **2014**

Transaction ID : **SA11AI.5909**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM F CRONIN

Mailing Address 168 LITTLE HARBOR ROAD

PO BOX 2125

City

NEW CASTLE

State

NH

Zip Code

03854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QSL

Occupation

BUSINESS OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. LYDIA M CUMBEE

Mailing Address 1719 EASTON RD

City

FRANCONIA

State

NH

Zip Code

03580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. LORRAINE A DAVIDSON

Mailing Address 91 RIDGE RD

City

DEERFIELD

State

NH

Zip Code

03037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CONCORD AVIATION SERVICES

Occupation

FLIGHT DISPATCH

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period

2400.00

SUBTOTAL of Receipts This Page (optional).....

2900.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. PHILIP E DAVIDSON

A.

Mailing Address 91 RIDGE RD

City

DEERFIELD

State

NH

Zip Code

03037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EWING ELECTRICAL CO

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MR. WILLIAM RAYMOND DELONG

B.

Mailing Address 242 ALTON MOUNTAIN RD

City

ALTON BAY

State

NH

Zip Code

03810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

DERRY SPORTS AND REHAB LLC

C.

Mailing Address 11 MANCHESTER RD

City

DERRY

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6009

Amount of Each Receipt this Period

500.00

PERMISSIBLE FUNDS: SEE MEMO

SUBTOTAL of Receipts This Page (optional).....

3400.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. JAMES E. DEVITO

Mailing Address 2 MIZORAS DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L-3 COMMUNICATIONS, INC

Occupation

FINANCIAL ANALYST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JOE J DEYERMOND

Mailing Address 6417 FIANNA HILLS DR

City

FORT WORTH

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JAMES DIETZEL

Mailing Address 11 HUNTER DR

City

DERRY

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US TREASURY

Occupation

MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Transaction ID : SA11AI.6006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

NANINE DIGIOVANNI

A.

Mailing Address 179 PRAIRIE ST

City

CONCORD

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.6001

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

SAMUEL DONOGHUE

B.

Mailing Address 1733 17TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USMC

Occupation

MILITARY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.6007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CLAUDE ELIAS

C.

Mailing Address 119 HOOKER FARM RD

City

SALEM

State

NH

Zip Code

03079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LASER CLINIQUE OF NEW ENGLAND

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

BIRGIT ENSTROM

A.

Mailing Address 2913 WINDSOR ROAD

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIRGITE,LLC

Occupation

MARKETING

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

BIRGIT ENSTROM

B.

Mailing Address 2913 WINDSOR ROAD

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIRGITE,LLC

Occupation

MARKETING

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.6021

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

DALY ENSTROM

C.

Mailing Address 67 COLFAX ROAD

City

SKILLMAN

State

NJ

Zip Code

08558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LAURIE ETHIER****A.**

Mailing Address 53 WOOD ST

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**MIKE FAHEY****B.**

Mailing Address 5 COLUMBIA AVE

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATM

Occupation

SALES REP

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		04		2014

Transaction ID : SA11AI.5556

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MS. TAMMY R FAHEY****C.**

Mailing Address 5 COLUMBIA AVE

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FAIRFIELD'S**

**A.**

Mailing Address 434 WINCHESTER STREET

City

KEENE

State

NH

Zip Code

03431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period

1000.00

TO BE REFUNDED

Full Name (Last, First, Middle Initial)

**MS. BARBARA FERDINANDO**

**B.**

Mailing Address 954 STRAW HILL

City

MANCHESTER

State

NH

Zip Code

03104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. KENNETH FOOTE**

**C.**

Mailing Address 31 PASTURE LN

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TRANSUPPORT

VICE PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 21 2014

**Transaction ID : SA11AI.5478**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. KENNETH FOOTE

A.

Mailing Address 31 PASTURE LN

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRANSUPPORT

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MS. JOSEPH FROIO

B.

Mailing Address 101 HAWK DRIVE

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

SALES MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AUGUST G FROMUTH

C.

Mailing Address 618 N BAY ST

City

MANCHESTER

State

NH

Zip Code

03104-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HALIFAZ-AMERICAN ENERGY CO

Occupation

MANAGING DIRECTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

GEOFFREY A GALLO

A.

Mailing Address 3 MERLES LANE

City

STRATHAM

State

NH

Zip Code

03885

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASTRAZENECAOccupation  
LOBBYIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Mr. JAY P GAMBLE

B.

Mailing Address PO BOX 319

City

SUNAPEE

State

NH

Zip Code

03782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT SUNAPEEOccupation  
MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAUL GARABEDIAN

C.

Mailing Address 352 S BROADWAY

City

SALEM

State

NH

Zip Code

03079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD N GOULD**

Mailing Address **PO BOX 367**

City **TWIN MOUNTAIN** State **NH** Zip Code **03595**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**INFORMATION REQUESTED**

Occupation  
**INFORMATION REQUESTED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11AI.5962**

Amount of Each Receipt this Period

**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM GUNDY**

Mailing Address **PO BOX 2394**

City **NEW LONDON** State **NH** Zip Code **03257**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06** / **20** / **2014**

**Transaction ID : SA11AI.5993**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**BILL GURNEY**

Mailing Address **83 BROAD ST**

City **NASHUA** State **NH** Zip Code **03064**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**GURNEY'S AUTOMOTIVE**

Occupation  
**OWNER**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11AI.6412**

Amount of Each Receipt this Period

**1000.00**

**WCG REALITY**

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JEFFREY GUTHERY****A.**

Mailing Address 224 MILL POND RD

City

NOTTINGHAM

State

NH

Zip Code

03290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		28		2014

**Transaction ID : SA11AI.6004**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**CHARLES A HALL****B.**

Mailing Address 37 CHESTER ST.

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J. LAWRENCE HALL COMPANY

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : SA11AI.5618**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**KEVIN J HALLORAN****C.**

Mailing Address 34 BROAD STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LPL FINANCIAL

Occupation

INVESTMENT ADVISORY REP

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : SA11AI.5631**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional).....

2800.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HARRY J HEALER JR**

Mailing Address **PO BOX 533**

City **PETERBOROUGH** State **NH** Zip Code **03458**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

**06** / **10** / **2014**

**Transaction ID : SA11AI.5485**

Amount of Each Receipt this Period

**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**PAUL HEBERT**

Mailing Address **9 WARTON RD**

City **NASHUA** State **NH** Zip Code **03062**

FEC ID number of contributing federal political committee. **C**

Name of Employer **501HUB, INC** Occupation **CEO**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06** / **04** / **2014**

**Transaction ID : SA11AI.5969**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MARIA I HENNESSY**

Mailing Address **2 TUCKERWOOD CT**

City **NASHUA** State **NH** Zip Code **03064**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11AI.5928**

Amount of Each Receipt this Period

**350.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1100.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>RICHARD HINE</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 81 KINGSTON CT W			<b>Transaction ID : SA11AI.5878</b>	
City	State	Zip Code		
CORONADO	CA	92118		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVID M HOLDEN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 310 PINE HILL RD			<b>Transaction ID : SA11AI.5486</b>	
City	State	Zip Code		
HOLLIS	NH	03049		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer HOLDEN CONSTRUCTION		Occupation VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVID M HOLDEN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 310 PINE HILL RD			<b>Transaction ID : SA11AI.6022</b>	
City	State	Zip Code		
HOLLIS	NH	03049		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 800.00	
Name of Employer HOLDEN CONSTRUCTION		Occupation VICE PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1150.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TRACY HOLLIS**

Mailing Address 11 BARTLETT AVE

City  
NASHUA

State  
NH

Zip Code  
03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOTTESMAN AND HOLLIS, PC

Occupation  
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 18 2014

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MR. MICHELE H HOLTON**

Mailing Address PO BOX 2207

City  
NEW LONDON

State  
NH

Zip Code  
03257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**CHARLES E HUGEL**

Mailing Address PO BOX 438

City  
MELVIN VILLAGE

State  
NH

Zip Code  
03850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ERIC JOSTROM**

Mailing Address 264 BIRCHES ROAD

City

SUGAR HILL

State

NH

Zip Code

03586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period

1000.00

A.

Full Name (Last, First, Middle Initial)

**T.J. KARANASIOS**

Mailing Address 11 MANCHESTER ROAD

City

DERRY

State

NH

Zip Code

03038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DERRY SPORTS AND REHAB LLCOccupation  
PHYSICAL THERAPIST

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6406

Amount of Each Receipt this Period

500.00

DERRY SPORTS AND REHAB LLC

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

**ASHLYN KELLER SUMNER**

Mailing Address 84-T LAKE CONCORD

City

CONCOR

State

NC

Zip Code

28025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANNAPOLIS CITY SCHOOLSOccupation  
TEACHER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5984

Amount of Each Receipt this Period

2600.00

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MS. LAURIE KOFSTAD****A.**

Mailing Address 149 HILLS FERRY RD

City

NASHUA

State

NH

Zip Code

03064-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**NORMAN P KOSSAYDA****B.**

Mailing Address 88 CONCORD ST

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**BRADLEY KREICK****C.**

Mailing Address 53 INDIAN ROCK ROAD

City

NASHUA

State

NH

Zip Code

03063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>LORRAINE O KUTCHER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 1727		<b>Transaction ID : SA11AI.5947</b>	
City MEREDITH	State NH	Zip Code 03253-1727	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MELITTA LAMBERT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 145 RIDGEWAY ROAD		<b>Transaction ID : SA11AI.5996</b>	
City CRANSTON	State RI	Zip Code 02920	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JANE LANE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 15 RUSSELL STREET		<b>Transaction ID : SA11AI.5849</b>	
City KEENE	State NH	Zip Code 03431	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer LANE & BENTLEY, PC	Occupation SECRETARY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1600.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ANNELIESA B LAW</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 CONCORD STREET			<b>Transaction ID : SA11AI.5966</b>	
City	State	Zip Code		
NASHUA	NH	03064		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2600.00	
Name of Employer PICARD & BONNETTE RE ASSOC LLC		Occupation REAL ESTATE AGENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BRIAN H LAW</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 78 CONCORD STREET			<b>Transaction ID : SA11AI.5965</b>	
City	State	Zip Code		
NASHUA	NH	03064		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2600.00	
Name of Employer LAW WAREHOUSE, INC.		Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN R LEEMAN</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address INFORMATION REQUESTED			<b>Transaction ID : SA11AI.5998</b>	
City	State	Zip Code		
NASHUA	NH	03062		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			5700.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. GORDON H LEWIS**

Mailing Address 26 WHISPER DR

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**CHRISTINE LEWIS MORSE**

Mailing Address 85 COUNTRY CLUB DR

City

ATKINSON

State

NH

Zip Code

03911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATKINSON RESORT &amp; COUNTRY CLUB

Occupation

OWNER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**JAY LIZOTTE**

Mailing Address 55 RAYMOND ST

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

SALES

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5812

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional).....

1570.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. KAREN L LONG

A.

Mailing Address 32 TEAK DR

City

NASHUA

State

NH

Zip Code

03062-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5843

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. PETER O LUTHI

B.

Mailing Address 31 CATHEDRAL CIR

City

NASHUA

State

NH

Zip Code

03063-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BAE SYSTEMS

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

KATHY M LYON

C.

Mailing Address 98 SODOM RD

City

CENTER TUFTONBORO

State

NH

Zip Code

03816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM W LYON

A.

Mailing Address 98 SODOM RD

City

CENTER TUFTONBORO

State

NH

Zip Code

03816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5489

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JANET MAHFUZ

B.

Mailing Address 3 DUCK POND LANE

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERSIAN RUG GALLERY

Occupation

FINANCE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LEE B MARDEN

C.

Mailing Address P.O. BOX 1212

City

CONCORD

State

NH

Zip Code

03302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LEE B MARDEN**

Mailing Address P.O. BOX 1212

City  
**CONCORD**

State  
**NH**

Zip Code  
**03302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**REAL ESTATE**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2350.00**

Date of Receipt

**06 / 30 / 2014**

**Transaction ID : SA11AI.6002**

Amount of Each Receipt this Period

**350.00**

Full Name (Last, First, Middle Initial)

**MS. SUSAN M MORAN**

Mailing Address 18 GRANT DR

City  
**BEDFORD**

State  
**NH**

Zip Code  
**03110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED**

Occupation  
**INFORMATION REQUESTED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**06 / 30 / 2014**

**Transaction ID : SA11AI.5937**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**MR. JAMES MORTELLARO**

Mailing Address 39 STEWART TER

City  
**NASHUA**

State  
**NH**

Zip Code  
**03064**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED**

Occupation  
**INFORMATION REQUESTED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**06 / 30 / 2014**

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1100.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TOM MURRAY****A.**

Mailing Address 29 WEST SHORE ROAD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURRAY PROPERTIES, LLC

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SA11AI.6410**

Amount of Each Receipt this Period

500.00

PERMISSIBLE FUNDS: SEE MEMO

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**MURRAY PROPERTIES LLC****B.**

Mailing Address 29 WEST SHORE RD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period

500.00

PERMISSIBLE FUNDS: SEE MEMO

Full Name (Last, First, Middle Initial)

**MR. PETER NAPOLI****C.**

Mailing Address 6 PAGE ROAD

City

LEXINGTON

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAPOLI GROUP

Occupation

CO-OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

**Transaction ID : SA11AI.5492**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

1500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. LOUISE NORWOOD****A.**

Mailing Address PO BOX 599

City

AMHERST

State

NH

Zip Code

03031-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5918**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**MICHAEL O'ROURKE****B.**

Mailing Address 84 Lake St

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUSINESS OWNER

Occupation

TRI STATE FIRE PROTECTION LLC

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

**Transaction ID : SA11AI.5976**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ROBERT ODELL****C.**

Mailing Address P.O. BOX 26

City

NEW LONDON

State

NH

Zip Code

03257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5995**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

1750.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. APRIL L PALMER

A.

Mailing Address PO BOX 51

City

CAMPTON

State

NH

Zip Code

03223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MEL PASSARELLI

B.

Mailing Address 17 ROSECLIFF

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATTUNITY

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JOHN E PEARSON

C.

Mailing Address 62 MIDDLE DUNSTABLE ROAD

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. RAYMOND PINARD****A.**

Mailing Address PO BOX 57

City

DEERFIELD

State

NH

Zip Code

03037-0057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
48HOURPRINT.COMOccupation  
PRESIDENT

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

**Transaction ID : SA11AI.5496**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**PATRICE PODVOJSKY****B.**

Mailing Address 43 NORTHWOOD DR

City

NASHUA

State

NH

Zip Code

03063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5894**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**Mr. FRANK W PORFIDO Jr****C.**

Mailing Address 84 MAIN ST

City

LITTLETON

State

NH

Zip Code

03561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PORFIDO'S MARKET INCOccupation  
GROCER

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.5991**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

950.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MS. PAMELA G PRICE

A.

Mailing Address 10 MTN LAURELS DR  
UNIT 603

City	State	Zip Code
NASHUA	NH	03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MICHAEL RAGAN

B.

Mailing Address 98 WELLINGTON STREET

City	State	Zip Code
NASHUA	NH	03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MR. ALAN RICKHEIT

C.

Mailing Address 612 FULLAM HILL RD

City	State	Zip Code
FITZWILLIAM	NH	03447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHERN MACHINERY SALES

Occupation  
INDEPENDENT SALES AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

485.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AUDREY E ROBINSON****A.**

Mailing Address 962 ISAAC FRYE HWY

City

WILTON

State

NH

Zip Code

03086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5828

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**AUDREY E ROBINSON****B.**

Mailing Address 962 ISAAC FRYE HWY

City

WILTON

State

NH

Zip Code

03086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**MR. NEIL ROGERS****C.**

Mailing Address 6 TERRAMAR LN

City

NASHUA

State

NH

Zip Code

03062-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

450.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MR. CHARLES F ROLECEK**

Mailing Address 149 HANOVER ST

City

MANCHESTER

State

NH

Zip Code

03101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5942

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**TIMOTHY ROOT**

Mailing Address 40 CHESTER STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OZVISION

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**RICHARD J RUSSELL**

Mailing Address 61 MIDDLE DUNSTABLE RD

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

BEN SANDERS

A.

Mailing Address 17 LOON SONG LANE

City

MOULTONBOROUGH

State

NH

Zip Code

03254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SANDERS MANAGEMENT CONSULTING

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

NANCY S SCHALK

B.

Mailing Address 37 COLUMBIA AVE

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTAL HYGIENIST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. TOD H SCHEWEIZER

C.

Mailing Address PO BOX 808

City

NEW LONDON

State

NH

Zip Code

03257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**SCONTSAS****A.**

Mailing Address 169-173 MAIN STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.6017**

Amount of Each Receipt this Period

1000.00

PERMISSIBLE FUNDS: SEE MEMO

Full Name (Last, First, Middle Initial)

**PHILIP SCONTSAS****B.**

Mailing Address 167-173 MAIN STREET

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SCONTSAS

OWNER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : SA11AI.6413**

Amount of Each Receipt this Period

1000.00

SCONTSAS

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**MR. TIMOTHY SEEGER****C.**

Mailing Address PO BOX 811

City

MEREDITH

State

NH

Zip Code

03235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

**Transaction ID : SA11AI.5502**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

1500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HARRY A SHEPLER**

Mailing Address 134 COUNTY RD

City State Zip Code  
BEDFORD NH 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GUARDIAN LIFE FIELD REP

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 10 2014

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**KEN SIEGEL**

Mailing Address 3 LAMB RD

City State Zip Code  
NASHUA NH 03062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SYNERGY DINING GROUP GENERAL PARTNER

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2014

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN SLATTERY**

Mailing Address 54 BERKELEY STREET

City State Zip Code  
NASHUA NH 03064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt

M M / D D / Y Y Y Y  
06 18 2014

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**WILLIAM P SLIVINSKI****A.**

Mailing Address 46 BERKELEY ST

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEPPERELL BRAIDING CO

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MR. RICHARD I STANLEY****B.**

Mailing Address 9 HENRY CLAY DRIVE

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STANLEY ELEVATOR CO

Occupation

MANAGER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. GARY M STEVENS****C.**

Mailing Address 26 FOXCROSS CIR

City

CONCORD

State

NH

Zip Code

03301-6920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. THOMAS P SULLIVAN

A.

Mailing Address PO BOX 451

City

NORTH SUTTON

State

NH

Zip Code

03260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5927

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Mr. JON J TAMPOSI

B.

Mailing Address 352 PINE HILL RD

City

HOLLIS

State

NH

Zip Code

03049-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

ROB TAPPEN

C.

Mailing Address 421 Hall Farm Rd

City

NEW LONDON

State

NH

Zip Code

03257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

SELF EMPLOYED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL S TEHAN

A.

Mailing Address 80 CONCORD ST

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

THE PALMIER FOUNDATION

B.

Mailing Address 745 BOYLSTON ST

SUITE 502

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period

1000.00

TO BE REFUNDED

Full Name (Last, First, Middle Initial)

MR. RODNEY TRAHAN

C.

Mailing Address 221 SHANA LANE

City

LITTLETON

State

NH

Zip Code

03561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN E TULLEY II**

Mailing Address 147 DW HWY

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF - EMPLOYEDOccupation  
AUTO DEALER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period

1000.00

EXCESS TO BE REFUNDED

Full Name (Last, First, Middle Initial)

**MATT VAN WAGNER**

Mailing Address 80 STILLWATER DRIVE

City

NASHUA

State

NH

Zip Code

03062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ADVERTISING

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

335.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

200.50

Full Name (Last, First, Middle Initial)

**MR. THERSA K VIGGIANO**

Mailing Address 35 COLUMBIA

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.50

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 70

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

WCG REALITY

A.

Mailing Address 83 BROAD STREET

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period

1000.00

PERMISSIBLE FUNDS: SEE MEMO

Full Name (Last, First, Middle Initial)

Mr. ROY M. WILLIAMSON

B.

Mailing Address 17 MEREDITH RD

City

SALEM

State

NH

Zip Code

03079-4248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEPHEN C YIANAKOPOLOS

C.

Mailing Address 36 OLD HENNIKER RD

City

HOPKINTON

State

NH

Zip Code

03229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MERRILL LYNCH

WEALTH MANAGEMENT ADVISOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BARBARA L YOUNG**

Mailing Address 47 CAROL COURT

City  
**LACONIA**

State  
**NH**

Zip Code  
**03246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED**

Occupation  
**INFORMATION REQUESTED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2300.00**

Date of Receipt

**06 / 30 / 2014**

**Transaction ID : SA11AI.5950**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**86030.50**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 70

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

**A.** Mailing Address 520 N. NORTHWEST HIGHWAY

City	State	Zip Code
PARK RIDGE	IL	60068

FEC ID number of contributing federal political committee.

**C** C00255752

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SA11C.5597

Amount of Each Receipt this Period

5000.00

**B.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**C.** Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 603 ADVISORS**

Mailing Address P.O. BOX 943

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
MANCHESTER	NH	03105

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
STRATEGY CONSULTINGCategory/  
Type**Transaction ID : SB17.5639**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. 603 ADVISORS**

Mailing Address P.O. BOX 943

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
MANCHESTER	NH	03105

Amount of Each Disbursement this Period

8000.00
---------

Purpose of Disbursement  
STRATEGY CONSULTINGCategory/  
Type**Transaction ID : SB17.5640**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

City	State	Zip Code
NEWARK	NJ	07101-1270

Amount of Each Disbursement this Period

998.00
--------

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIESCategory/  
Type**Transaction ID : SB17.5676**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12998.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

9.95
------

Transaction ID : SB17.5685

**[MEMO ITEM]****B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

40.60
-------

Transaction ID : SB17.5677

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
5/29/14 AMEX PAYMENT: MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : SB17.5691

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.60
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101-1270

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

2045.48
---------

Transaction ID : SB17.5678

**B. BEST BUY**

Mailing Address 220 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

836.94
--------

Transaction ID : SB17.5698

[MEMO ITEM]

**C. CONNOR BROWN**

Mailing Address 39 GOLDEN COVE RD

City	State	Zip Code
CHELMSFORD	MA	01824

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

553.92
--------

Transaction ID : SB17.5674

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2599.40





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. JOSHUA DAVIDSON**Mailing Address 1341 A ST. NE  
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5664

**B. JOSHUA DAVIDSON**Mailing Address 1341 A ST. NE  
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5668

**C. JOSHUA DAVIDSON**Mailing Address 1341 A ST. NE  
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.5671

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

105.08
--------

Transaction ID : SB17.5654

**B. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

468.39
--------

Transaction ID : SB17.5656

**C. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

325.48
--------

Transaction ID : SB17.5660

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

898.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2014

Amount of Each Disbursement this Period

373.65
--------

Transaction ID : SB17.5663

**B. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

351.80
--------

Transaction ID : SB17.5667

**C. EPAY BUSINESS SOLUTIONS INC**Mailing Address 27A MIDSTATE DR  
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement  
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

413.85
--------

Transaction ID : SB17.5670

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1139.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FOXFIRE PROPERTY MANAGEMENT**

Mailing Address PO BOX 1438

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
CONCORD	NH	03302

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
RENTCategory/  
Type**Transaction ID : SB17.5644**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. GARRETT GAUTHIER**

Mailing Address 5 JAMES CITY RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code
DEERFIELD	NH	03037

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
PAYROLLCategory/  
Type**Transaction ID : SB17.5655**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. GARRETT GAUTHIER**

Mailing Address 5 JAMES CITY RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
DEERFIELD	NH	03037

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
PAYROLLCategory/  
Type**Transaction ID : SB17.5657**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3900.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. GARRETT GAUTHIER**

Mailing Address 5 JAMES CITY RD

City	State	Zip Code
DEERFIELD	NH	03037

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.5661

**B. TREVOR NAGLIERI**

Mailing Address 11 SANDRA ROAD

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2014

Amount of Each Disbursement this Period

923.20
--------

Transaction ID : SB17.5666

**C. TREVOR NAGLIERI**

Mailing Address 11 SANDRA ROAD

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5669

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2573.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TREVOR NAGLIERI**

Mailing Address 11 SANDRA ROAD

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5672

**B. NASHUA COUNTRY CLUB**

Mailing Address 25 FAIRWAY ST

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

657.92
--------

Transaction ID : SB17.5687

[MEMO ITEM]

**C. NASHUA COUNTRY CLUB**

Mailing Address 25 FAIRWAY ST

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

791.74
--------

Transaction ID : SB17.5701

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 70

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PRECISION MARKETING, INC.**

Mailing Address PO BOX 7670

City	State	Zip Code
ARLINGTON	VA	22207

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

6890.00
---------

Transaction ID : SB17.5645

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
1ST FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

2405.20
---------

Transaction ID : SB17.5646

**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
1ST FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

3188.30
---------

Transaction ID : SB17.5647

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12483.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
1ST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

2414.45
---------

Transaction ID : SB17.5648

**B. SPECTRUM MARKETING**

Mailing Address 95 EDDY RD

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: MARKETING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

252.00
--------

Transaction ID : SB17.5703

[MEMO ITEM]

**C. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City NASHUA State NH Zip Code 03060

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

3.00
------

Transaction ID : SB17.5680

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2414.45



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City State Zip Code  
 NASHUA NH 03060

Purpose of Disbursement  
 5/5/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 05 2014

Amount of Each Disbursement this Period

174.66

Transaction ID : SB17.5681

[MEMO ITEM]

## **B. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City State Zip Code  
 NASHUA NH 03060

Purpose of Disbursement  
 5/5/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 05 2014

Amount of Each Disbursement this Period

31.47

Transaction ID : SB17.5688

[MEMO ITEM]

## **C. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City State Zip Code  
 NASHUA NH 03060

Purpose of Disbursement  
 5/5/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 05 2014

Amount of Each Disbursement this Period

40.80

Transaction ID : SB17.5689

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THE PROSPER GROUP CORPORATION**Mailing Address 435 EAST MAIN STREET  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.5649

**B. THE PROSPER GROUP CORPORATION**Mailing Address 435 EAST MAIN STREET  
STE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

738.38
--------

Transaction ID : SB17.5650

**C. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

335.12
--------

Transaction ID : SB17.5651

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2073.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

477.50
--------

Transaction ID : SB17.5652

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
STE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

43.50
-------

Transaction ID : SB17.5653

**C. US AIRWAYS**

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: TRAVEL: AIR

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

69.00
-------

Transaction ID : SB17.5684

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

521.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

5.60
------

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.5682

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

5.60
------

Purpose of Disbursement  
5/5/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.5690

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

5.60
------

Purpose of Disbursement  
5/29/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.5692

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LAMBERT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 955 GOFFS FALL RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
MANCHESTER	NH	03103

Amount of Each Disbursement this Period

5.60
------

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: POSTAGECategory/  
Type

Transaction ID : SB17.5693

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. VISTA PRINT**

Mailing Address 95 HAYDEN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
LEXINGTON	MA	02421

Amount of Each Disbursement this Period

19.98
-------

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: PRINTING & DESIGN SERVICESCategory/  
Type

Transaction ID : SB17.5695

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. VISTA PRINT**

Mailing Address 95 HAYDEN AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
LEXINGTON	MA	02421

Amount of Each Disbursement this Period

48.99
-------

Purpose of Disbursement  
6/30/14 AMEX PAYMENT: PRINTING & DESIGN SERVICESCategory/  
Type

Transaction ID : SB17.5696

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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